U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only							
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
E (NG15205)							
1. File Number U - 6324	2. Fiscal Year Covered From:						
	1 / 1004 Through: [1] / [3] / [200]						
Name and address of person filing.	4. Name, file number, and address of labor organization.						
Name BRADLEY J Buum	Name Bycalle T Dawn						
	Labor Organization File Number [042-108						
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any						
Street 6350 N. Broadway	Street SAME						
City Denver	City						
State Colora to ZIP Code + 4 BO216	State ZIP Code + 4						
5. Position in labor organization.							
Organizer							
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests							
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests						
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	derived income or other economic benefit of						
(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of						
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of lon represents or is actively seeking to represent.						
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Name of Person Filing Brackley Buum	File Number U-								
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name Presidence Coast 208 SATC Trade Name, if any: Joint Appt. Truining pimple P.O. Box, Bldg., Room No., if any Street 6350 h Broad Susan City Deman	9. Business deals with: a. Labor Organization b. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Complet wo Drow Com M4+ee Uurch								
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Nature of interest held or income received. 12.b. Nature of interest held or income received. 12.c. Nature of interest held or income received. 12.c. Nature of interest held or income received.								
C. Received from any employer (other than an employer covered unde									
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4									
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.								

Part B

Name of Reporting Employer: Denver Pipefitters Joint Apprenticeship						File Number				
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a 🛛	ITEM 8.b	ITEM	8.c 🔲	ITEM 8.d		ITEM 8.e	ITEM 8.f		
9.a. 🔀 Agreement 🔲 Payment	Position In labor organization or with employer (if an independent labor consultant, so state). Organizer									
Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.				9.d. Name and address of firm or labor organization with whom employed or affiliated.						
Name Bradley Buum				Organization Colorado State Pipe Trades						
P.O. Box, Building and Room Number, if any				P.O. Box, Building and Room Number, if any						
Street 6350 Broadway				229 E N	Moreno Ave	e				
City Denver			City	Colorad	do Springs	s		:		
State Colorado	ZIP Code + 4	80216-1035	State Colorado ZiP Code + 4 80903							
Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.			10.b. The promise, agreement, or arrangement was:							
None				Oral Written* Both (*Written agreements entered into during the fiscal year must be attached.)						
11.a. Date of each payment or expenditure (mm/dd/yyyy). 11.b. Amount of each payment or expenditure			11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)							
05/21/2004		63	Comp	letion D	inner					
12/08/2004		30	Committee Christmas Luncheon							
	·									
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.										
Organizer's are invited to Annual Completion Dinner and Annual Christmas Luncheon.										
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Form M-10 - Part B (2003)										